PRINTED: 06/01/2010 FORM APPROVED Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS4734AGC 04/21/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3364 EAST ROSARIO CIRCLE **LINDA'S GROUP HOME** LAS VEGAS, NV 89121 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 000 **Initial Comments** Y 000 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 4/21/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 7 Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. The census at the time of the survey was 6. Six resident files were reviewed and 3 employee files were reviewed. The facility received a grade of A. Y 321 Y 321 449.220(2)(a)(b) Bedroom Doors - Single Motion SS=F Locks NAC 449.220 2. A bedroom door must not be equipped with a deadbolt lock or chain stop unless the door opens directly to the outside of the facility. The doors of

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

a bedroom and the doors of the closets in the bedroom may be equipped with locks for use by

(a) The doors may be unlocked with a single motion from inside the bedroom or closet without

(b) The doors of the bedrooms may be unlocked from outside the room and the keys are readily

residents if:

the use of a key.

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This Regulation is not met as evidenced by: Based on observation on 4/21/10, the facility did not ensure the locks on 2 of 2 bathroom doors

could be opened with a single motion.

single motion locks.

Severity: 2 Scope: 3

This regulation is not met as evidenced by: The Bathroom next to the family room and bathroom next to laundry room did not have

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